



\$3737

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/314,206	
	Filing Date	05/19/1999	
	First Named Inventor	Mendlein	
	Group Art Unit	3737	
	Examiner Name	Jaworski	
Total Number of Pages in This Submission	18	Attorney Docket Number	112959-132 (Sonic-007us)

RECEIVED
SEP 10 2002
TECHNOLOGY CENTER P3737

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> 3 Month Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	- Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	- Power of Attorney for John Mendlein enclosed. Power of Attorney for Philipp Lang previously filed on 01/18/2002.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David L. Cavanaugh
Signature	
Date	8/26/02

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 26 Aug 2002		
Typed or printed name	Becky Johnson	
Signature		Date 26 Aug 2002

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SEP 03 2002

PTO/SB/17 (10-01)

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FEE TRANSMITTAL
for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) **520.00****Complete if Known**

Application Number	09/314,206
Filing Date	05/19/1999
First Named Inventor	Mendlein
Examiner Name	Jaworski
Group Art Unit	3737
Attorney Docket No.	112959-132 (Sonic-007us)

METHOD OF PAYMENT

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number

08-0219

Deposit
Account
Name

Hale and Dorr LLP

- ☒
- Charge Any Additional Fee Required
-
- Under 37 CFR 1.16 and 1.17

- ☒
- Applicant claims small entity status.
-
- See 37 CFR 1.27

- 2.
- ☐
- Payment Enclosed:**

☐ Check ☐ Credit card ☐ Money
Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Fee Fee Fee Fee Description
Code (\$) Code (\$) Code (\$)

101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

Fee Paid

SUBTOTAL (1) (\$)**2. EXTRA CLAIM FEES**

Total Claims	2	Extra Claims	2	Fee from below	9.00	Fee Paid	18.00
Independent Claims	1	- 3** =	1		42.00		42.00
Multiple Dependent							

Large Entity Small Entity

Fee Fee Fee Fee Fee Description
Code (\$) Code (\$) Code (\$)

103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2)(\$) **60.00**

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65			Surcharge - late filing fee or oath	
127	50	227	25			Surcharge - late provisional filing fee or cover sheet	
139	130	139	130			Non-English specification	
147	2,520	147	2,520			For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*			Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*			Requesting publication of SIR after Examiner action	
115	110	215	55			Extension for reply within first month	
116	400	216	200			Extension for reply within second month	
117	920	217	460			Extension for reply within third month	460.00
118	1,440	218	720			Extension for reply within fourth month	
128	1,960	228	980			Extension for reply within fifth month	
119	320	219	160			Notice of Appeal	
120	320	220	160			Filing a brief in support of an appeal	
121	280	221	140			Request for oral hearing	
138	1,510	138	1,510			Petition to institute a public use proceeding	
140	110	240	55			Petition to revive - unavoidable	
141	1,280	241	640			Petition to revive - unintentional	
142	1,280	242	640			Utility issue fee (or reissue)	
143	460	243	230			Design issue fee	
144	620	244	310			Plant issue fee	
122	130	122	130			Petitions to the Commissioner	
123	50	123	50			Processing fee under 37 CFR 1.17(q)	
126	180	126	180			Submission of Information Disclosure Stmt	
581	40	581	40			Recording each patent assignment per property (times number of properties)	
146	740	246	370			Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370			For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370			Request for Continued Examination (RCE)	
169	900	169	900			Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) **460.00****SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)

David L. Cavanaugh

Registration No.
(Attorney/Agent)

36,476

Telephone

617-526-6036

Signature

Date

8/26/02

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